

Prepared by M. Gordon  
Date 1-18-05

☒ YES ☐ NO Primary Examiner box complete.  
☒ YES ☐ NO Issuing Classification complete.

**YES NO** Examiner's initials or cross-through lines supplied for each item cited by applicant.  
**YES NO** Date(s) supplied/complete on all PTO-1449/892 sheets. (Month and year required.)

**YES** ~~NO~~ Brief Description of Drawings includes description of each figure in drawings.  
**YES** ~~NO~~ Continuing data is mentioned in 1<sup>st</sup> paragraph. (Can be an insert.)

**YES** ☒ **NO** ☐ Claims listed on Notice of Allowability match allowed claims and/or index of claims.  
**YES** ☒ **NO** ☐ Claims correctly numbered in index.  
 (No duplicate or missing claim numbers.)  
 (No incorrect dependencies.)

**YES** **~~NO~~** If necessary (biological sequence listing).

**YES** ☒ **NO** ☐ Either Box No. 3 (drawings accepted) or Box No. 8 (corrected drawing request) has been checked.